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RN SCOPE OF PRACTICE

FREQUENTLY ASKED QUESTIONS

The following questions cover a variety of issues related to registered nursing.

Question: Can the registered nurse implement the physician order for a range dose medication?

Yes. The competent RN may determine the dose of medication to be administered to the patient within the dose range stated in the medical order. The dose of medication to be administered to the patient is determined by the RN based on the patient assessment and knowledge of the medical treatment plan.

Question: Is it within the scope of RN practice to implement prn (as needed) orders for pain medication when the physician authorizes a range of doses?

It is the position of the BRN that RNs have the expertise to assess and manage pain given a range of dosages and frequencies order by the physician. The RN will manage the pain based on the patient's self-report of pain and response to medications.

Range of dosages allows the RN to medicate the patient based on the individual patient's self-report and multiple variables such as the patient's activity level, planned treatments, and response to pain medication. The standard of care for RNs in pain management is that pain be managed to maintain as much of a homeostatic state as possible; a range of dosages gives the RN the authority and flexibility to achieve that goal. The physician has the option of writing dose ranges and the RN has the authority to manage patient's pain within the ordered range.

Question: Is it within the scope of RN practice in the emergency room to manage extremity pain under standardized procedures?

An RN with experience in the emergency room, under standardized procedures, can safely implement an Extremity Injury Pain Management Standard Procedure. In this situation, emergency room nurses are authorized to administer medications specific to the level of pain reported by the patient, and the authorized medications are consistent with current standards of practice. The BRN's response to this question included the RN's responsibility to assess, evaluate, and document both the pain assessment and the patient's response to the pain treatment.

Question: Is it within the RN scope of practice to accept pain management orders written by a nurse anesthetist?

Nurse anesthetist orders for the preoperative period have always been followed by RNs. In response to the establishment of pain management services in many hospitals, the nurse anesthetist may be writing orders for pain management for patients on acute and sub-acute units. It is the position of the BRN that as long as the nurse anesthetist is functioning in collaboration with physicians, and an approved standardized procedure/ protocol is in place, the RN is legally authorized to implement pain management orders written by the nurse anesthetist.

Question: Can the RN dispense medication upon the order of a physician?

Yes. Business and Professions Code, Section 2725.1 authorizes a RN to dispense drugs and devices upon the order of a licensed physician and surgeon when the nurse is functioning within a licensed clinic, community or free clinic. RNs may not dispense Controlled Substances. Nurse Practitioners and Certified Nurse Midwives with a furnishing number and approved standardized procedures may dispense drugs and devices including Controlled Substances, Schedule lll, lV, and V.

Question: Are there any limitations in the Nurse Practice Act related to the insertion of PICC lines?

No. The insertion of a PICC line requires a formal nursing education program with clinical practicum. Following successful completion of the education program, a knowledgeable and competent RN may place a PICC line pursuant to a medical order.

Question: Can the RN assess that a patient has expired?

Yes. It is within the RN scope of practice to make an assessment that a patient has expired provided the RN is knowledgeable and competent to do so and there is a written policy and procedure authorizing performance of this procedure. Individual agencies should specify the exact assessment parameters (such as cessation of pulse, respiration and blood pressure, neurological or papillary response) and document requirements expected of the RN performing this function.

Question: Is it within the RN's scope of practice to administer immunizations without a physician order?

Yes. In accordance with BPC Section 2725 (b)(3), RNs may administer any immunization without a physician order as long as the RN possesses the knowledge skill and ability to do so competently using current Center for Disease Control schedules and guidelines. Although the Nursing Practice Act provides the RN authority to administer immunizations without a physician order, agency policies and procedures may require that the RN obtain a physician order. Typically, physician offices and free clinics have medical orders which cover immunization administration in these practice settings.

Question: Can a registered nurse implement a medical order to remove an epidural catheter following epidural analgesia?

Yes. The competent RN may remove an epidural catheter, documenting the removal in the medical record, and continue to assess the patient's response at appropriate time intervals.

Question: Is the individual RN's refusal to work additional hours or shifts grounds for discipline of a RN's license on the grounds of patient abandonment?

For an act to be considered patient abandonment, the RN must have first accepted the patient assignment and then severed the patient-relationship without giving reasonable notice to the appropriate person, such as the patient or supervisor.

Ordinarily, the BRN does not discipline the RN for exercising her or his right to make an individual professional judgement to accept or decline additional or extended work hours beyond the routinely assigned shift. However, it should be noted that the BRN has no jurisdiction over employment or contract issues.

Question: Does the BRN endorse any specific type of liability or malpractice coverage for registered nurse?

No. The BRN does not endorse any specific type of professional liability or malpractice insurance. Nursing journals and professional organizations may be helpful in providing possible sources of this type of insurance coverage.

Question: Can a health care worker who is not a RN or LVN, use the word "nurse" in their title when talking to patients and the public?

No. Only those individuals who hold the appropriate license to call themselves RN or LVN can refer to themselves as nurses. Certified Nursing Assistants are referred to as CNAs.

Question: Why are CPR classes no longer eligible for continuing education contact hours?

All pre-licensure nursing student are now required to have a current CPR card before providing care to patients or clients. Thus CPR is no longer at a level above that required for initial licensure and continuing licensure (renewal).

Question: Must an RN access the patient's pain every time the nurse takes a blood pressure?

No. The law does not require a pain rating when the RN is taking only the patient's blood pressure. Pain assessment is based on patient self-report and patients can be asleep and still experience significant pain; appropriate charting would be to write "asleep" for the pain rating.

Registered nurses are required to monitor all five vital signs and take appropriate action based on deviations from normal. In other words, a competent RN intervenes when the patient's pain is not being managed according to the agreed upon comfort level.

In any facility where the patient has a condition where pain is an issue, the RN should consider whether to establish an individual schedule for recording pain assessment more frequently than the routine vital signs schedule.

Registered nurses should remember that *prn* means "as needed according to nurse's judgement." In regards to pain medications that are ordered *prn*, RNs can choose to give the medication routinely, around-the-clock to keep the patient at an agreed upon comfort level. In many acute pain situations, such as post-operative or post-trauma, medications ordered *q4h prn* (every four hours as needed), for example, should be given (or at least offered) q4h (every four hours) routinely for the first 24-48 hours to keep ahead of the patient's pain. Research shows that when patient's acute pain is managed around-the-clock and the pain level is kept from becoming severe, the total amount of opioid needed is reduced.